

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213500903

1.) CORPORATION NAME:

**AMICA LIFE INSURANCE COMPANY**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID L HAUCK  
DUANE HAUCK & GNAPP  
10 E FRANKLIN ST**

SCC ID NO: **F0300766**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**RI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE HUNDRED AMICA WAY

CITY/ST/ZIP: LINCOLN, RI 02865

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT A DIMUCCIO  
TITLE: CHRMN/PRES/CEO  
ADDRESS: 6 INTERVALE DRIVE  
CITY/ST/ZIP/CO: CUMBERLAND, RI 02864

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OFFICER

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DIRECTOR

NAME: ROBERT K. BENSON  
TITLE: SR VP/CIO  
ADDRESS: 29 MELROSE AVE  
CITY/ST/ZIP/CO: BARRINGTON, RI 02806

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OFFICER

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DIRECTOR

NAME: SUZANNE CASEY  
TITLE: SR.ASST.VP&SEC  
ADDRESS: 11 HOLLY LANE  
CITY/ST/ZIP/CO: HARWICH, MA 02671

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OFFICER

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DIRECTOR

NAME: LOUIS MAZZA, JR.  
TITLE: SR.ASST.VP  
ADDRESS: 24 VEIL COURT  
CITY/ST/ZIP/CO: N. KINGSTOWN, RI 02852

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OFFICER

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DIRECTOR

NAME: JAMES MCDERMOTT,JR  
TITLE: SR.ASST.VP & GM  
ADDRESS: 78 NEWELL DRIVE  
CITY/ST/ZIP/CO: CUMBERLAND, RI 02864

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OFFICER

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DIRECTOR

NAME: JAMES RUEGG  
TITLE: SR.ASST.VP  
ADDRESS: 16 PINE STREET  
CITY/ST/ZIP/CO: N. PROVIDENCE, RI 02911

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OFFICER

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DIRECTOR

NAME:	ROBERT P SUGLIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/GC		
ADDRESS:	115 DANA ROAD		
CITY/ST/ZIP/CO:	NORTH KINGSTOWN, RI 02852		
NAME:	JAMES LORING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO & TREASURER		
ADDRESS:	46 ROCKY WOODS RD.		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		
NAME:	JEFFREY AIKEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1071 E. CIRCLE DRIVE		
CITY/ST/ZIP/CO:	WHITEFISH BAY, WI 53217		
NAME:	PATRICIA CHADWICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	31 HILLCREST PARK RD		
CITY/ST/ZIP/CO:	OLD GREENWICH, CT 06870		
NAME:	EDWARD DEGRAAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	56 RENDEZVOUS LANE		
CITY/ST/ZIP/CO:	BARNSTABLE, MA 02630		
NAME:	BARRY HITTNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	222 CHANNEL VIEW		
CITY/ST/ZIP/CO:	WARWICK, RI 02889		
NAME:	MICHAEL JEANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	95 WESTFORD ROAD		
CITY/ST/ZIP/CO:	CONCORD, MA 01742		
NAME:	RONALD MACHTLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1150 DOUGLAS PIKE		
CITY/ST/ZIP/CO:	SMITHFIELD, RI 02917		
NAME:	RICHARD PLOTKIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2 LEROY AVENUE		
CITY/ST/ZIP/CO:	NEWPORT, RI 02840		
NAME:	DONALD REAVES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5005 MARBLE ARCH RD.		
CITY/ST/ZIP/CO:	WINSTON-SALEM, NC 27104		
NAME:	CHERYL SNEAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 ST. JAMES COURT		
CITY/ST/ZIP/CO:	N. PROVIDENCE, RI 02904		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS TAYLOR DIRECTOR 5 BROOK ROAD SWANSEA, MA 02777	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Debra Canales DIRECTOR 27870 Cabot Drive Novi, MI 48377	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Edmund Shallcross, III VICE PRESIDENT 125 Cindyann Drive East Greenwich, RI 02818	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SUZANNE CASEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUZANNE CASEY, SR.ASST.VP&SEC PRINTED NAME AND CORPORATE TITLE	1/8/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			